

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
10/594301  
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2	1		1				52						
3	1		1				53						
4	1		1				54						
5	4		1				55						
6	8		1				56						
7	8		1				57						
8	8		1				58						
9	8		1				59						
10	8		1				60						
11	8		1				61						
12	8		1				62						
13	8		1				63						
14	1		1				64						
15	5		1				65						
16	8		1				66						
17	8		1				67						
18	8		1				68						
19	8		1				69						
20	8		1				70						
21	1		1				71						
22	1		1				72						
23	1		1				73						
24	1		1				74						
25	1		1				75						
26	1		1				76						
27	2		1				77						
28	2		1				78						
29	2		1				79						
30	1		1				80						
31	1		1				81						
32	1		1				82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			5				TOTAL IND.						
TOTAL DEP.		18					TOTAL DEP.						
TOTAL CLAIMS		23					TOTAL CLAIMS						